

**DISCRIMINATION COMPLAINT FORM**

JUS 601 (3/98)

Department of Justice  
OFFICE OF THE ATTORNEY GENERAL

1. COMPLAINANT'S NAME (Please print):	2. DIVISION:	3. SECTION OR PROGRAM:																		
4. WORK LOCATION (CITY):	5. WORK TELEPHONE AND CAL NET NUMBER:	6. HOME ADDRESS AND TELEPHONE NUMBER:																		
7. CLASSIFICATION:	8. IMMEDIATE SUPERVISOR/TITLE:																			
9. SECOND LINE SUPERVISOR/TITLE:																				
10. SUBJECT(S) RELATIONSHIP TO COMPLAINANT:																				
11. BASIS OF COMPLAINT:  <table><tr><td><input type="checkbox"/> AGE</td><td><input type="checkbox"/> RELIGION</td></tr><tr><td><input type="checkbox"/> ANCESTRY</td><td><input type="checkbox"/> SEX</td></tr><tr><td><input type="checkbox"/> COLOR</td><td><input type="checkbox"/> SEXUAL ORIENTATION</td></tr><tr><td><input type="checkbox"/> DENIAL OF FAMILY AND/OR MEDICAL LEAVE</td><td><input type="checkbox"/> SEXUAL HARASSMENT</td></tr><tr><td><input type="checkbox"/> DISABILITY*</td><td><input type="checkbox"/> RETALIATION (REPRISAL)</td></tr><tr><td><input type="checkbox"/> MARITAL STATUS</td><td><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td><input type="checkbox"/> NATIONAL ORIGIN</td><td>_____</td></tr><tr><td><input type="checkbox"/> POLITICAL AFFILIATION</td><td></td></tr><tr><td><input type="checkbox"/> RACE</td><td></td></tr></table>			<input type="checkbox"/> AGE	<input type="checkbox"/> RELIGION	<input type="checkbox"/> ANCESTRY	<input type="checkbox"/> SEX	<input type="checkbox"/> COLOR	<input type="checkbox"/> SEXUAL ORIENTATION	<input type="checkbox"/> DENIAL OF FAMILY AND/OR MEDICAL LEAVE	<input type="checkbox"/> SEXUAL HARASSMENT	<input type="checkbox"/> DISABILITY*	<input type="checkbox"/> RETALIATION (REPRISAL)	<input type="checkbox"/> MARITAL STATUS	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> NATIONAL ORIGIN	_____	<input type="checkbox"/> POLITICAL AFFILIATION		<input type="checkbox"/> RACE	
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12. *If you checked the <i>Disability</i> box in item number 11 above and have completed a Reasonable Accommodation Request form that is related, please attach a copy to your complaint.																				
13. Describe the specific incident(s) that occurred and the name, title and reporting relationship to the person(s) who allegedly committed the discriminatory act(s). List name(s) of witness(es), if any, for each incident. <i>Please use additional paper if necessary</i>																				
14. Describe the issue of your complaint, i.e., opportunity was lost, entitlement denied, or how you were otherwise harmed by the(se) alleged act(s). (Please be specific):																				
15. Explain the reason(s) you believe the above incident(s) occurred, i.e., because of your protected status (race, sex, disability, etc.):																				
16. List remedy you are seeking:																				
17. Was matter discussed with your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the matter discussed with an Affirmative Action/Equal Employment Opportunity Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the matter discussed with an Equal Employment Opportunity Counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
18. Complainant's Signature:	19. Date:																			

This form should be submitted to the  
Affirmative Action/Equal Employment Opportunity Office,  
1300 I Street, Rm. 1330, Sacramento, CA 95814